



The Post-Standard

Which Drugs Work Best?

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With Congress and President Bush poised to enact a sweeping new Medicare drug coverage plan, a bipartisan effort is under way in Washington to determine which drugs work best — at the best price.

Estimates of the cost of Medicare drug coverage start at around \$400 billion over the coming decade. With that in mind, it behooves lawmakers to make sure taxpayer dollars spent on medicine for the nation's elderly are not wasted. Is Lipitor better than Zocor against cholesterol? Is good old aspirin just as good as the latest "wonder drug?"

The House already has passed legislation providing a modest \$12 million to allow the Public Health Service to begin comparing prescription drugs. In the Senate, New York's Hillary Rodham Clinton, a Democrat, has joined Tom Allen, D- Maine, and Jo Ann Emerson, R-Mo., in backing a \$75 million program to be carried out by the National Institutes of Health and the federal Agency for Healthcare Research and Quality.

Predictably, both plans have the pharmaceutical industry up in arms. The drug lobby warns that "cost-effectiveness" analysis is a step toward "rationing"; that "one-size-fits-all" conclusions could deprive individuals of medicine that works □

best for them; that certain groups, like racial minorities, could be ill-served by such analysis. Most subtly, they note that "incremental innovation" in the private sector could be derailed by such federal intervention.

Such criticism both underestimates the abilities of the nation's premier health- research institutions and ignores current realities. The fact is, private insurers already are analyzing the efficacy of drugs on a routine basis. The Defense Department employs expert analysts to make sure its 8 million insured are well-served by their medications.

An impressive array of health and consumer advocacy groups back the drug-efficacy concept, including Consumers Union, AARP and the American Academy of Family Physicians.

Drug manufacturers have a vested interest in promoting their products, effective or not. The industry spends some \$2.7 billion per year marketing directly to consumers, and \$16 billion more in promotions, including come-ons to physicians. The strategy pays off: After one company spent \$160.8 million pushing a pain-killer, sales quadrupled.

Drug-efficacy trials should consider factors cited by the drug industry. But there is no substitute for unbiased analysis of every "miracle" cure.

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